U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 17033

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	Name, file number, and acdress of labor organization.			
Name James R Barnes, Sr.	Name Teamsters Local Union No. 301			
	Labor Organization File Number 025-052			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 36990 N. Greenbay Road	Street 36990 N. Greenbay Road			
City Waukegan	City Waukegan			
State Illinois ZIP Code + 4 60087-3406	State Illinois ZIP Code + 4 60087-3046			
5. Position in labor organization. Vice President				
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):			
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza	lusions set forth in the instructions): r derived income or other economic benefit of			
(except as specified in the except as specified	lusions set forth in the instructions): r derived income or other economic benefit of			
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizations.	r derived income or other economic benefit of tion represents or is actively seeking to represent.			
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any).	r derived income or other economic benefit of tion represents or is actively seeking to represent.			
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). Name	r derived income or other economic benefit of tion represents or is actively seeking to represent.			

Signature

ZIP Code + 4

15. Signature and vorification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

signed James RBayard . on 4-12-05 847 673 5430

Telephone Number

City

State

Name of Person Filing	James Barnes,	Sr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 301 I. B. of T. Pensicn Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 36990 N. Greenbay Road

City Waukegan

State Illinois

ZIP Code + 4 60087-3406

9. Business deals with

X a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Local 301 I.B. of T. Pension Fund is related through common membership to Teamsters Local 301. The organizations share office space and employees. The Pension Fund also provides pension benefits to covered union members.

11.b. Approximate dollar value of such dealing.

\$250,000

12.a. Nature of interest held or income received.

Income received represents estimated value of meals and related expenses for individual and guest at annual Pension dirrer meeting.

12.b. Amount.

14.a. Nature of payment

\$135

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b Amount of payment.

Name	of	Person	Filing	.Tames	Barnes.	Sr

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Prudential Investment Management Services Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Three Gateway Center, 14th Floor City Newark State New Jersey Z!P Code + 4 07102-4077 10. If 9.b. or 9.c. is checked give trust or employer's name Name Local 301 I.B. of T. Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 36990 N. Greenbay Road	a. Labor Organ zation X b. Trust c. Employer 11 a. Nature of such dealing. Frudential Investment Management Services manages investments for the Local 301 I.B. of T. Pension Fund.		
City Waukegan			
State Illinois ZIP Code + 4 60087-3406	11.b. Approximate dollar value of such dealing. \$200,000		
	12.a. Nature of interest held or income received. Value of meals paid by Prudential during an out of town meeting.		
	12.b. Amount. \$91		

Name of Person Filing James Barnes, Sr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 301 I.B. of T. Health & Welfare Fund

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 36990 N. Greenbay Road

City Waukegan

State Illinois

ZIP Code + 4 60087-3406

9. Business deals with:

🗙 a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Local 301 I.B. of T. Health & Welfare Fund is related through common membership to Teamsters Local 301. The organizations share office space and employees. The Health & Welfare Fund also provides health benefits to covered union members.

11.b. Approximate dollar value of such dealing.

\$875,000

12.a. Nature of interest held or income received.

Reimbursement of out of town travel expenses related to attendance at Trustees' meeting; incurred in connection with position as Health & Welfare Fund Trustee.

12.b. Amount.

\$2,531